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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Brandon First name C. Middle name White Last name and Suffix (Sr., Jr., II, III) | Katie First name A. Middle name White Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5729 | xxx-xx-8289 |

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Debtor 1 Brandon C. White Debtor 2 Katie A. White

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 224 N. Mineral St. Byron, IL 61010 Number, Street, City, State & ZIP Code Ogle | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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| Deb | otor 2 Katie A. White | | | | | Case n | iumber (if known) | | | |
|-----|---|---|--------------------|---|-------------------------|--|---|---|--|--|
| | | | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bank | ruptcy Ca | se | | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | | |
| | choosing to file under | ☐ Chapter 7 | | | | | | | | |
| | | ☐ Chap | ter 11 | | | | | | | |
| | | ☐ Chap | ter 12 | | | | | | | |
| | | ■ Chap | ter 13 | | | | | | | |
| 8. | How you will pay the fee | abo ord | out how yo | entire fee when I file my pour may pay. Typically, if you a attorney is submitting your paddress. | are paying | the fee yourself, y | you may pay with cash | , cashier's check, or money | | |
| | | | | the fee in installments. If | | e this option, sign | and attach the Applica | ntion for Individuals to Pay | | |
| | | | • | e in Installments (Official For t my fee be waived (You ma | , | this option only if | you are filing for Chan | ter 7. Ry law, a judge may | | |
| | | but app | is not required is | uired to, waive your fee, and ur family size and you are una on to Have the Chapter 7 Filin | may do so able to pa | o only if your incor y the fee in install | me is less than 150% oments). If you choose t | of the official poverty line that his option, you must fill out | | |
| 9. | Have you filed for | □ No. | | | | | | | | |
| | bankruptcy within the last 8 years? | Yes. | | | | | | | | |
| | | _ 100. | | Nothern District - | | | | | | |
| | | | District | Illinois | When | 7/19/13 | Case number | 13-82549 | | |
| | | | District | | _ When | | Case number | | | |
| | | | District | | When | | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | | |
| | | | Debtor | | | | Relationship to y | ou | | |
| | | | District | | When | | Case number, if | known | | |
| | | | Debtor | | | | Relationship to y | | | |
| | | | District | | _ When | | Case number, if | known | | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ne 12. | | | | | | |
| | . Joinottos : | ☐ Yes. | Has yo | ur landlord obtained an evict | ion judgm | ent against you ar | nd do you want to stay | in your residence? | | |
| | | | | No. Go to line 12. | | | | | | |
| | | | | Yes. Fill out <i>Initial Statemen</i> bankruptcy petition. | t About ai | า Eviction Judgme | ent Against You (Form | 101A) and file it with this | | |

Debtor 1

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| Deb | otor 2 Katie A. White | | | | Case number (if known) | | |
|-----|---|-----------------------|--|-------------------------------------|---|--|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | ısinesses | You Own | as a Sole Proprie | tor | | |
| | Are you a sole proprietor | | | • | | | |
| 12. | of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Sta | te & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Checi | k the appropriate bo | ox to describe your business: | | |
| | · | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | е | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | ot filing under Char | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | Poport if You Own or | Have An | , Hazarda | us Proporty or An | y Property That Needs Immediate Attention | | |
| | Do you own or have any | | Tiazarac | ds i roperty of All | y Froperty That Needs Immediate Attention | | |
| | property that poses or is | ■ No. | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | |
| | 3 · · · · · · · · · · · · · · · | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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| Debtor 1 | Brandon C. White | | |
|----------|------------------|------------------------|--|
| Debtor 2 | Katie A. White | Case number (if known) | |

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-81327 Doc 1 Filed 06/01/17 Entered 06/01/17 14:40:25 Desc Main Document Page 6 of 51

| | tor 2 Katie A. White | | | | Case number | er (if known) | | | |
|-----|---|--|---|-----------------------------------|---|---|--|--|--|
| Par | t 6: Answer These Quest | ions for R | Reporting Purposes | | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily cor individual primarily for a perso | | | ined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily bus money for a business or inves | | | | | | |
| | | | □ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you ow | e that are not consu | mer debts or busine | ss debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7 | 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7. Do are paid that funds will be avail | | | perty is excluded and administrative expenses ? | | | |
| | administrative expenses | | □ No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | Yes | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 |) | □ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 |) | 5001-10,000 | 0 | 5 0,001-100,000 | | | |
| | | ☐ 100-1 ☐ 200-9 | | ☐ 10,001-25,0 | 000 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$ | \$50,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 001 - \$100,000 | 1 \$10,000,00° | 1 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$50,000,000 □ \$100,000,00 | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$ | \$50,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | \$50,0 | 001 - \$100,000 | □ \$10,000,00° | | □ \$1,000,000,001 - \$10 billion | | | |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$50,000,00° □ \$100,000,00° | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| Par | t7: Sign Below | | | | | | | | |
| For | you | I have ex | xamined this petition, and I decla | are under penalty of p | perjury that the infor | mation provided is true and correct. | | | |
| | | | | | | e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7. | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request | t relief in accordance with the ch | napter of title 11, Unit | ed States Code, spe | ecified in this petition. | | | |
| | | | tcy case can result in fines up to | | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | /s/ Brar | ndon C. White | | /s/ Katie A. Whi | ite | | | |
| | | | on C. White re of Debtor 1 | | Katie A. White Signature of Debto | or 2 | | | |
| | | Executed | d on June 1, 2017 | | Executed on Ju | ne 1, 2017 | | | |
| | | | MM / DD / YYYY | | MN | // DD / YYYY | | | |

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| Debtor 1 Debtor 2 | Brandon C. White Katie A. White | Document | Page 7 of 51 | se number (if known) |
|----------------------|--|--|--------------------------|---|
| | | | | |
| | attorney, if you are ed by one | under Chapter 7, 11, 12, or 13 of title 11, Unit | ed States Code, and have | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| | not represented by ey, you do not need page. | | | vledge after an inquiry that the information in the |
| | | /s/ Daniel A. Springer Signature of Attorney for Debtor | Date | June 1, 2017 MM / DD / YYYY |
| | | Daniel A. Springer Printed name | | |
| | | Springer Law Firm Firm name | | |
| | | 2222 E State St Suite 107 Rockford, IL 61104 Number, Street, City, State & ZIP Code | | |

Email address

Contact phone **815.312.4725**

6314059Bar number & State

dspringerlaw@gmail.com

| Debtor 1 | Brandon C. White | • | |
|--------------------|--------------------------|-------------------|-------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | Katie A. White | | |
| Spouse if, filing) | First Name | Middle Name | Last Name |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets f what you own |
|-----|--|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 90,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 63,651.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 153,651.0 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 87,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.0 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 6,336.00 |
| | Your total liabilities | \$ | 93,336.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,403.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,790.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | edules. |
| | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| | | Document | Page 9 of 51 | |
|----------|------------------|----------|------------------------|--|
| | Brandon C. White | | 9 | |
| Debtor 2 | Katie A. White | | Case number (if known) | |

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,383.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | se 17-81327 | Doc 1 | | 06/01/17 ument | Entered 06/01/17 Page 10 of 51 | 14:40:25 | Desc | Main |
|----------------------|---|--|--|--------------------------|-----------------------------------|--|--------------------------------------|--|--|
| Fill | in this inforn | nation to identify yo | our case and th | | | 1 auc 10 or 31 | | | |
| | otor 1 | Brandon C. W | | | | | | | |
| Der | JIOI I | First Name | | e Name | | Last Name | | | |
| Deb | otor 2 | Katie A. White | | | | | | | |
| (Spo | ouse, if filing) | First Name | Middle | Name | | Last Name | | | |
| Uni | ted States Ba | nkruptcy Court for th | e: NORTHER | N DIST | RICT OF ILLIN | NOIS | | | |
| Cas | se number _ | | | | | - | | | Check if this is an amended filing |
| Sc | chedul | rm 106A/B e A/B: Pro | | an accot | only once. If a | n asset fits in more than one o | category list the | assot in the | 12/15 |
| hink nfor Ansv | k it fits best. Be mation. If more wer every ques | e as complete and acc e space is needed, att tion. | curate as possibl ach a separate sl | le. If two heet to th | married people is form. On the | er are filing together, both are e e top of any additional pages, v | qually responsibl | le for suppl | lying correct |
| | Yes. Where is | s the property? | | | | | | | |
| 1.1 | | | | What | is the property | ? Check all that apply | | | |
| | 224 N Min | eral Street | | | Single-family h | nome | Do not deduct sed | cured claims | s or exemptions. Put |
| | Street address, | if available, or other descrip | otion | | Condominium or cooperative | | | amount of any secured claims on Schedule ditors Who Have Claims Secured by Proper | |
| | | | | | Manufactured | or mobile home | | | |
| | Byron | IL (| 61010-0000 | П | Land | | Current value of entire property? | | Current value of the ortion you own? |
| | City | State | ZIP Code | | Investment pro | pperty | \$90,00 | ·=· | \$90,000.00 |
| | | | | | Timeshare Other | | | ple, tenanc | ownership interest by by the entireties, or |
| | | | | wno | Debtor 1 only | in the property? Check one | Tenancy by t | | etv |
| | Ogle | | | | Debtor 2 only | | | | , |
| | County | | | | Debtor 1 and D | Debtor 2 only | | | |
| | , | | | _ | | the debtors and another | Check if this | | inity property |
| | | | | Other | | ou wish to add about this item | ` | io, | |
| | | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$90,000.00

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| Debtor 2 Katie A. White | | | | | Case number (if known) | | | |
|-------------------------|----------------------|---|--------------------------------|---|---------------------------------------|---|--|--|
| | | trucks, tractors, s | sport utility ve | hicles, motorcycles | | | | |
| | No Yes | | | | | | | |
| _ | 100 | | | | | | | |
| 3.1 | Make: | Ford | | Who has an interest in the property? Check one | | red claims or exemptions. Put secured claims on Schedule D: | | |
| | Model: | Explorer | | Debtor 1 only | | re Claims Secured by Property. | | |
| | Year: | 2010 | | Debtor 2 only | Current value of the | ne Current value of the | | |
| | Approxin | nate mileage: | | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| | Other inf | ormation: | | \square At least one of the debtors and another | | | | |
| | | | | ☐ Check if this is community property (see instructions) | \$11,000 . | \$11,000.00 | | |
| | | Chevy | | | Do not deduct secu | red claims or exemptions. Put | | |
| 3.2 | Make: | Cobalt | | Who has an interest in the property? Check one | the amount of any s | secured claims on Schedule D: | | |
| | Model: | 2009 | | Debtor 1 only | Creditors who Hav | e Claims Secured by Property. | | |
| | Year: | | 174 000 | ■ Debtor 2 only | Current value of the | | | |
| | | nate mileage: ormation: | 174,000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? | | |
| | Car | omiation. | | At least one of the debtors and another | | | | |
| | Jui | | | ☐ Check if this is community property (see instructions) | \$2,025. | \$2,025.00 | | |
| 3.3 | Make: | Ford | | Who has an interest in the property? Check one | Do not deduct secu | red claims or exemptions. Put | | |
| 3.3 | Model: | Escape | | Debtor 1 only | | secured claims on Schedule D: re Claims Secured by Property. | | |
| | Year: | 2006 | | Debtor 2 only | Creditors Who Hav | e Claims Secured by Froperty. | | |
| | | nate mileage: | 120,000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | he Current value of the portion you own? | | |
| | | ormation: | | ■ Debtor Fand Debtor 2 only ■ At least one of the debtors and another | entire property: | portion you own: | | |
| | SUV | | | Check if this is community property (see instructions) | \$3,575. | 93,575.00 | | |
| | | | | d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc | | | | |
| | | | | | | | | |
| | | | | n for all of your entries from Part 2, including | | \$16,600.00 | | |
| | _ | | | | | | | |
| | | be Your Personal an or have any legal c | | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| E_{λ} | <i>amples:</i> No | goods and furnis Major appliances, f scribe | | , china, kitchenware | | овінь от ехентриона. | | |
| _ | ies. De | 301IDE | | | | | | |
| | | | ing Room Se ver, Fridge , S | et,Three Bed Sets, Table, Cookware , Wa Stove | asher , | \$1,500.00 | | |

Official Form 106A/B Schedule A/B: Property page 2

Entered 06/01/17 14:40:25 Case 17-81327 Doc 1 Filed 06/01/17 Desc Main Page 12 of 51 Document **Brandon C. White** Debtor 1 Katie A. White Debtor 2 Case number (if known) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$1,000.00 Home Audio Set, TV, Game System, Four phones 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... \$100.00 Books 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... \$1,200.00 Two Guns, One Bow 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Used Clothing \$1,000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Wedding Ring Set, Watch \$400.00 13. Non-farm animals Examples: Dogs, cats, birds, horses

□ No

Yes. Describe.....

One Dog, One Cat \$50.00

14. Any other personal and household items you did not already list, including any health aids you did not list

□ No

Yes. Give specific information.....

\$1.300.00 Lawn Garden Tools, Household Tools

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| | ebtor 1 ebtor 2 | Brandon C. W Katie A. White | | Case number (if known) | |
|------|--------------------------|--|---|--|---|
| 15 | | | | Part 3, including any entries for pages you have attached | \$6,550.00 |
| Pa | rt 4: Des | scribe Your Financi | al Accate | | |
| | | | gal or equitable interest | in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | ave in your wallet, in your l | nome, in a safe deposit box, and on hand when you file your petition | ١ |
| | | | | Cash | \$200.00 |
| | Examp □ No | | | counts; certificates of deposit; shares in credit unions, brokerage ho ts with the same institution, list each. Institution name: | ruses, and other similar |
| | | | 17.1. Savings | Sterling Federal Bank | \$300.00 |
| 19. | Non-pu joint v | enture | Institution or issue ck and interests in incor rmation about them Name of entity: | porated and unincorporated businesses, including an interest | in an LLC, partnership, and |
| | Negoti Non-ne ■ No | able instruments ir egotiable instrume | nclude personal checks, ca | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. | |
| | | nent or pension a ples: Interests in IR | | 403(b), thrift savings accounts, or other pension or profit-sharing pl | ans |
| | ■ Yes. | List each account | separately. Type of account: | Institution name: | |
| | | | 401(k) | Work 401k | \$40,000.00 |
| | Your s | | deposits you have made | so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companie | es, or others |
| | | | | Institution name or individual: | |
| | Annuiti ■ No | ies (A contract for | a periodic payment of mo | ney to you, either for life or for a number of years) | |
| | □ Yes | lssu | uer name and description. | | |
| Offi | icial Forn | n 106A/B | | Schedule A/B: Property | page 4 |

Entered 06/01/17 14:40:25 Case 17-81327 Doc 1 Filed 06/01/17 Desc Main Document Page 14 of 51 Brandon C. White Debtor 1 Katie A. White Debtor 2 Case number (if known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Four Term Life Insurance Policy \$1.00 spouse

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

| | | Case 17-81327 | Doc 1 | Document | Page 15 of | 6/01/17 14:40:25 51 | Desc Main |
|--------------|-------------|--|--------------------------|----------------------------|---------------------------|-----------------------------|-------------------------|
| Debt Debt | | Brandon C. White Katie A. White | | | | Case number (if known) | |
| • | No | contingent and unliquidate Describe each claim | ed claims of | every nature, includin | g counterclaims | of the debtor and rights to | set off claims |
| | No | nancial assets you did not | already list | | | | |
| 36. | Add t | Give specific information he dollar value of all of your day. | | • | | • | \$40,501.00 |
| Part 5 | 5: De | scribe Any Business-Related | Property You | Own or Have an Interest | In. List any real esta | ate in Part 1. | |
| | No. Go | own or have any legal or equi to Part 6. Go to line 38. | table interest i | n any business-related p | roperty? | | |
| Part 6 | | scribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interes | st In. | |
| ļ | No. | own or have any legal or Go to Part 7. . Go to line 47. | equitable in | terest in any farm- or o | commercial fishir | ng-related property? | |
| Part 7 | 7: | Describe All Property You | Own or Have a | n Interest in That You Dic | d Not List Above | | |
| | Examp No | have other property of an oles: Season tickets, country | y club membe | | | | |
| 54. | Add t | he dollar value of all of yo | our entries fro | om Part 7. Write that n | umber here | | \$0.00 |
| Part 8 | B: | List the Totals of Each Part | of this Form | | | | |
| | | 1: Total real estate, line 2 | | | | | \$90,000.00 |
| | | 2: Total vehicles, line 5 3: Total personal and hous | sahold itams | | \$16,600.00 \$6,550.00 | | |
| | | l: Total financial assets, li | | | \$40,501.00 | | |
| | | 5: Total business-related p | | 2 45 | \$0.00 | | |
| | | 6: Total farm- and fishing- | • • | | \$0.00 | | |
| | | 7: Total other property not | | | \$0.00 | | |
| | | personal property. Add lin | | | \$63,651.00 | Copy personal property t | otal \$63,651.00 |
| 63. | Total | of all property on Schedu | ı le A/B . Add li | ine 55 + line 62 | | | \$153,651.00 |

Official Form 106A/B Schedule A/B: Property page 6

| | | | THE LAUG. TO OLD T | |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Brandon C. White | 9 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Katie A. White | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exem | ptions are | you claiming? | Check one only | even if | vour spouse is | s filina with ι | vou. |
|----|-------------------|------------|---------------|----------------|---------|----------------|-----------------------|------|
|----|-------------------|------------|---------------|----------------|---------|----------------|-----------------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Current value of the Amount of the exemption you claim portion you own | | | ount of the exemption you claim | Specific laws that allow exemption |
|--|-------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 224 N Mineral Street Byron, IL 61010 Ogle County | \$90,000.00 | - | \$30,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2009 Chevy Cobalt 174,000 miles Car | \$2,025.00 | | \$2,025.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2006 Ford Escape 120,000 miles SUV | \$3,575.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Living Room Set,Three Bed Sets, Table, Cookware , Washer , Dryer, | \$1,500.00 | | \$1,500.00 | 735 ILCS 5/12-1001(b) |
| Fridge , Stove Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Home Audio Set, TV, Game System, Four phones | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Brandon C. White

| | btor 2 Katie A. White | | | Case number (if known) | |
|--|---|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Books | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(a) |
| | Line from Schedule A/B: 8.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Two Guns, One Bow Line from Schedule A/B: 9.1 | \$1,200.00 | | \$1,200.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Used Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(a) |
| | 2.10 110.11 06.110daio 772. 1 1 1 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wedding Ring Set , Watch Line from Schedule A/B: 12.1 | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(a) |
| | Zino nom osmodalo 702. 1 2 11 | | | 100% of fair market value, up to any applicable statutory limit | |
| | One Dog, One Cat Line from Schedule A/B: 13.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Lawn Garden Tools, Household Tools | \$1,300.00 | | \$1,300.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 14.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Sterling Federal Bank Line from Schedule A/B: 17.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401(k): Work 401k Line from <i>Schedule A/B</i> : 21.1 | \$40,000.00 | | \$40,000.00 | 735 ILCS 5/12-1006 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Four Term Life Insurance Policy Beneficiary: spouse | \$1.00 | | \$1.00 | 215 ILCS 5/238 |
| | Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No □ Yes. Did you acquire the property cover □ No □ Yes | 3 years after that for ca | ises fi | , | , |

Debtor 1

| | Document Pa | ide 18 of 51 | | |
|---|--|---|--|----------------------------|
| Fill in this information to identify yo | our case: | | | |
| Debtor 1 Brandon C. Wi | nite | | | |
| First Name | Middle Name Last | Name | - | |
| Debtor 2 Katie A. White | Middle News | News | _ | |
| (Spouse if, filing) First Name | Middle Name Last | Name | | |
| United States Bankruptcy Court for the | e: NORTHERN DISTRICT OF ILLINOI | S | _ | |
| Case number | | | | |
| (if known) | | | ☐ Check | if this is an |
| | | | amend | led filing |
| 000 : 15 4000 | | | | |
| Official Form 106D | | | | |
| Schedule D: Creditor: | s Who Have Claims Sec | cured by Propert | :y | 12/15 |
| | . If two married people are filing together, bo t out, number the entries, and attach it to this | | | |
| Do any creditors have claims secured | by your property? | | | |
| ☐ No. Check this box and submit | this form to the court with your other sche | dules. You have nothing else | to report on this form. | |
| Yes. Fill in all of the information | n below. | | | |
| Part 1: List All Secured Claims | | | | |
| for each claim. If more than one creditor ha | s more than one secured claim, list the creditor sas a particular claim, list the other creditors in Paticular decording to the creditor's name. | Amount of claim Do not deduct the | Column B Value of collateral that supports this | Column C Unsecured portion |
| 2.1 Kishwaukee Auto Corral | Describe the property that secures the cla | value of collateral. \$12,000.00 | s11,000.00 | If any \$1,000.00 |
| Creditor's Name | 2010 Ford Explorer | | | |
| 3336 Kishwaukee St. | As of the date you file, the claim is: Check | all that | | |
| Rockford, IL 61109 | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ■ An agreement you made (such as mortga | age or secured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | s's lien) | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | <u></u> . |
| Para late and the same | Lord Billion Control | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.2 Rushmore Loan Management | Describe the property that secures the cla | aim: \$75,000.00 | \$90,000.00 | \$0.00 |
| Creditor's Name | 224 N Mineral Street Byron, IL 6 | 1010 | | |
| 15480 Laguna Canyon Road | Ogle County | | | |
| Suite 100 | As of the date you file, the claim is: Check | all that | | |
| Irvine, CA 92618 | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortga | age or secured | | |
| Debtor 2 only | car loan) | Na lian) | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | (Silen) | | |
| At least one of the debtors and another Check if this claim relates to a | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | |
| community debt | Unler (including a right to offset) | | | |
| ÷ | | | | |

Official Form 106D

Date debt was incurred

Last 4 digits of account number 1300

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| Debtor | 1 Brandon C. W | hite | | Case | e number (if know) | |
|-----------|---|---|--|--------------------|---|------------------|
| Debtor | First Name 2 Katie A. White | Middle Name | Last Name | | | |
| | First Name | Middle Name | Last Name | | | |
| | | | | | | |
| | • | r entries in Column A on t ur form, add the dollar val | his page. Write that number ue totals from all pages. | here: | \$87,000.00 | |
| | that number here: | ar rorm, add the denar var | uo totalo iroin ali pagooi | | \$87,000.00 | |
| Part 2: | List Others to Be | Notified for a Debt Th | at You Already Listed | | | |
| trying to | collect from you for | a debt you owe to someo ne debts that you listed in | ne else, list the creditor in P | Part 1, and then I | ady listed in Part 1. For example, if a coll ist the collection agency here. Similarly, ou do not have additional persons to be | if you have more |
| | lame, Number, Street, Codilis & Associa | | | On which line | e in Part 1 did you enter the creditor? _2.2 | <u>!</u> |
| 1 | 5W030 N. Fronta 6CH0080 | ge Road | | Last 4 digits | of account number | |
| E | Burr Ridge, IL 605 | 527 | | | | |
| | lame, Number, Street, US Bank Home M | • | | On which line | e in Part 1 did you enter the creditor? 2.2 | ! <u> </u> |
| 4 | Attn: Bankruptcy 801 Frederica St Owensboro, KY 4 | | | Last 4 digits | of account number | |
| | lame, Number, Street, Vells Fargo Homo | • | | On which line | e in Part 1 did you enter the creditor? 2.2 | <u> </u> |
| <i>A</i> | Attn: Bankruptcy PO Box 10335 | Dept. | | Last 4 digits | of account number | |
| | Des Moines, IA 50 | 306 | | | | |

| | Ouse | 211 01021 | Document | Page 20 of 51 | .20 000 | , iviali i |
|--|---|---|---|---|--|---|
| Fill in th | his informat | ion to identify your | | | | |
| Debtor ' | 1 | Brandon C. White | | | | |
| | _ | First Name | Middle Name | Last Name | | |
| Debtor 2 | | Katie A. White | | | | |
| (Spouse if | , filing) | First Name | Middle Name | Last Name | | |
| United S | States Bankr | ruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | |
| Case nu | umber | | | | | |
| (if known) | | | | | _ | eck if this is an |
| | | | | |] am | nended filing |
| Officia | al Form 1 | 106E/F | | | | |
| Sche | dule E/F | : Creditors W | ho Have Unsecured | l Claims | | 12/15 |
| any exect Schedule Schedule left. Attac | utory contrac e G: Executory e D: Creditors | ts or unexpired leases y Contracts and Unexp Who Have Claims Sec uation Page to this pag | that could result in a claim. Also ired Leases (Official Form 106G). I ured by Property. If more space is | ITY claims and Part 2 for creditors with NON list executory contracts on Schedule A/B: P Do not include any creditors with partially s s needed, copy the Part you need, fill it out, i eport in a Part, do not file that Part. On the to | Property (Official secured claims to number the entr | Form 106A/B) and on hat are listed in ies in the boxes on the |
| Part 1: | List All o | f Your PRIORITY Un | secured Claims | | | |
| 1. Do a | any creditors | have priority unsecure | d claims against you? | | | |
| | No. Go to Part | 2. | | | | |
| ΠY | es. | | | | | |
| Part 2: | List All o | f Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do a | any creditors | have nonpriority unsec | ured claims against you? | | | |
| | No. You have r | nothing to report in this p | art. Submit this form to the court with | n your other schedules. | | |
| ■ Y | res. | | | | | |
| unse | ecured claim, li one creditor h | ist the creditor separately | for each claim. For each claim lister | the creditor who holds each claim. If a creditor and, identify what type of claim it is. Do not list clain have more than three nonpriority unsecured cl | aims already inclu | ided in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | Casevs Ge | eneral Stores | Last 4 digits of acc | count number | | \$415.00 |
| | Nonpriority Cr | editor's Name | | | _ | <u> </u> |
| | Ankeny, IA | onvenience Boule A รถดวา | vard When was the deb | 10/2010 | | |
| _ | | et City State Zlp Code | As of the date you | I file, the claim is: Check all that apply | | |
| | Who incurred | d the debt? Check one. | | | | |
| | Debtor 1 o | only | ☐ Contingent | | | |
| | Debtor 2 o | only | ☐ Unliquidated | | | |
| | Debtor 1 a | and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least on | ne of the debtors and and | other Type of NONPRIO | RITY unsecured claim: | | |
| | ☐ Check if t | his claim is for a comi | nunity | | | |
| | debt | aublant ta afficie | | ing out of a separation agreement or divorce th | at you did not | |
| | _ | subject to offset? | report as priority cla | | to. | |
| | ■ No | | · | on or profit-sharing plans, and other similar debt | IS | |
| | ☐ Yes | | Other. Specify | Debt Owed | | |

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Debtor 1 Brandon C. White Debtor 2 Katie A. White Case number (if know) 4.2 **DirectTV** Last 4 digits of account number \$442.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 01/2016 PO Box 9001069 Louisville, KY 40290-1069 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Debt Owed ☐ Yes 4.3 **Nicor Gas** Last 4 digits of account number \$1,200.00 Nonpriority Creditor's Name P.O. Box 549 When was the debt incurred? 05/2017 Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Utilities** Other. Specify 4.4 **RRCA Account Management** Last 4 digits of account number Unknown Nonpriority Creditor's Name 12/2012 Attn: Bankruptcy Dept. When was the debt incurred? 201 East 3rd Street Sterling, IL 61081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Legal Item

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| 2 Katie A. White | | Case number (if know) | | | |
|--|--|---|--|--|--|
| Swedish American Health System Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,688.00 | | |
| Attn: Bankruptcy Dept. 1401 East State Street | When was the debt incurred? | 03/2016 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| Yes | Other. Specify Medical De | <u>bt</u> | | | |
| Swedish American Hospital Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,958.00 | | |
| PO Box 4448 | When was the debt incurred? | 10/2014 | | | |
| Rockford, IL 61110-0948 | | in Charle all that are he | | | |
| | As of the date you file, the claim | s: Cneck all that apply | | | |
| _ | Continuent | | | | |
| _ | - | | | | |
| _ | | | | | |
| _ | • | d claim: | | | |
| _ | _ | | | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| ☐ Yes | Other Specify Medical De | bt | | | |
| Winnebago Animal Clinic | Last 4 digits of account number | | \$633.00 | | |
| Nonpriority Creditor's Name 2053 N Winnebago Road | When was the debt incurred? | , | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| _ | | | | | |
| _ | | | | | |
| _ | • | d claim: | | | |
| _ | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| ☐ Yes | ■ Other. Specify Debt Owed | | | | |
| | Swedish American Health System Nonpriority Creditor's Name Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Swedish American Hospital Nonpriority Creditor's Name PO Box 4448 Rockford, IL 61110-0948 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Winnebago Animal Clinic Nonpriority Creditor's Name 2053 N Winnebago Road Belvidere, IL 61008 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Swedish American Health System Nonpriority Creditor's Name Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Type of NoNPRIORITY unsecurer Check if this claim is for a community debt is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 8 only 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 8 only 8 | Swedish American Health System Norporority Croditor's harms Activ: Bankryutey Dept. 1401 East State Street Rockford, I. 61104 When was the debt incurred? 03/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 03/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 03/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 03/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 03/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 1 Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 only Unliquidated Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 1 only Unliquidated Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 3 only Unliquidated Debtor 4 only Unliquidated Debtor 5 poeting 1 only 1 as separation agreement or divorce that you did not report as priority claims Debtor 1 only Unliquidated Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 3 only 1 on | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Brandon C. White | Document | Paye 23 01 31 |
|--|------------------------------|---|
| Debtor 2 Katie A. White | | Case number (if know) |
| Enhanced Recovery Company | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Attn: Bankruptcy Dept. PO Box 57547 Jacksonville, FL 32241 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| backsonvine, i L 322+1 | Last 4 digits of account num | nber |
| Name and Address | • | Part 2 did you list the original creditor? |
| Lee County Circuit Clerk 309 South Galena Avenue, Suite 320 | Line 4.4 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 2012SC1115 Dixon, IL 61021 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| 51X611, 12 61621 | Last 4 digits of account num | nber 1115 |
| Name and Address | | Part 2 did you list the original creditor? |
| Michael Mellott | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 201 E 3rd Street Sterling, IL 61081 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| otermig, in order | Last 4 digits of account num | nber |
| Name and Address | • | Part 2 did you list the original creditor? |
| Mutual Management Services Co., LLC | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Rockford, IL 61126-6235 | Last 4 digits of account num | nber |
| Name and Address | | Part 2 did you list the original creditor? |
| Mutual Management Svcs Co, LLC | Line 4.5 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Attn: Bankruptcy Dept PO Box 8740 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Rockford, IL 61126 | Last 4 digits of account num | nber |
| Name and Address | On which entry in Part 1 or | Part 2 did you list the original creditor? |
| Rockford Merchantile AGY | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO Box 5847 Rockford, IL 61125 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| NOCKIOIU, IL UI 123 | Last 4 digits of account num | nber |
| | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Te | otal Claim |
|-----------------------|-----|---|-----|--------|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ ——— | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | ,, | | | <u> </u> |
| | | | | T | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 2 | 6a. | Obligations arising out of a separation agreement or divorce that | | | |
| | - 3 | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 6,336.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 6,336.00 |

| Debtor 1 Brandon C. White First Name Middle Name Last Name |
|---|
| First Name Middle Name Last Name |
| |
| Deliter O. Martin A. Millita |
| Debtor 2 Katie A. White |
| (Spouse if, filing) First Name Middle Name Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
| Case number |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Acceptance Now
Attn: Bankruptcy Dept.
5501 Headquarters Dr.
Plano, TX 75024

State what the contract or lease is for
Furniture

| | | Docume | nt Page 25 c | of 51 | |
|------------------------------------|---|--|---|---|----|
| Fill in this in | formation to identify your | case: | | | |
| Debtor 1 | Brandon C. White | | | | |
| Dahtar 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Katie A. White First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numbe (if known) | r | | | ☐ Check if this is an amended filing | |
| | Form 106H I le H: Your Cod | ebtors | | 12/15 | |
| people are fil fill it out, and | ing together, both are equa | ally responsible for supp boxes on the left. Attach | lying correct informat the Additional Page t | is complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write | |
| 1. Do yo | u have any codebtors? (If y | ou are filing a joint case, d | lo not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have you California, Idaho, Louisiana, | | | ry? (Community property states and territories include ington, and Wisconsin.) | |
| | o to line 3. Did your spouse, former spou | ise, or legal equivalent live | with you at the time? | | |
| in line 2 | again as a codebtor only if 6D), Schedule E/F (Official | f that person is a guarant | or or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 16G). Use Schedule D, Schedule E/F, or Schedule G to fi | ıl |
| | nlumn 1: Your codebtor me, Number, Street, City, State and Zll | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| Na | me | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nu Cit | mber Street y | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, line | _ |
| Na | me | | | ☐ Schedule E/F, line | |
| | mber Street | | | _ | |
| Cit | y | State | ZIP Code | | |

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| Fill in this information | on to identify your case: | |
|--|--|--|
| Debtor 1 | Brandon C. White | _ |
| Debtor 2 (Spouse, if filing) | Katie A. White | _ |
| United States Bankı | ruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | _ |
| Case number | | Check if this is: |
| (If known) | | ☐ An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official For | <u>m 106l</u> | MM / DD/ YYYY |
| Schedule I | : Your Income | 12/15 |
| supplying correct in spouse. If you are s | d accurate as possible. If two married people are filing together (Debto nformation. If you are married and not filing jointly, and your spouse is separated and your spouse is not filing with you, do not include inform heet to this form. On the top of any additional pages, write your name | s living with you, include information about your nation about your spouse. If more space is needed, |

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed If you have more than one job, Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Maintanance Tech. **Surgical Dental Assistant** Include part-time, seasonal, or **Employer's name UPM-Kymmene, Inc** Periodontics of Rockford self-employed work. **Employer's address** Occupation may include student 55 Shuman Blvd. Suite 400 1055 Featherstone Rd. or homemaker, if it applies. Naperville 60563 Rockford, IL 61107 How long employed there? 7 Years 5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

| | | | non- | filing spouse |
|----|-----|----------|------|---------------|
| 2. | \$ | 4,994.00 | \$ | 2,608.00 |
| 3. | +\$ | 0.00 | +\$ | 0.00 |
| 4. | \$ | 4,994.00 | \$_ | 2,608.00 |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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Brandon C. White Debtor 1 Debtor 2 Katie A. White Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 4.994.00 2,608.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 943.00 588.00 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 150.00 0.00 Required repayments of retirement fund loans 5d. 5d. 150.00 0.00 5e. Insurance 5e. 368.00 0.00 5f. Domestic support obligations 5f. 0.00 0.00 5g. **Union dues** 5g. \$ \$ 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 1,611.00 588.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 7. \$ 3,383.00 2,020.00 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. \$ 0.00 0.00 8a Interest and dividends \$ \$ 8h 8h 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 Other government assistance that you regularly receive 8f. Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$ 0.00 \$ 0.00 Specify: 8g. 8g. Pension or retirement income \$ \$ 0.00 0.00 Other monthly income. Specify: 8h.+ \$ \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 0.00 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ + \$ 3,383.00 2,020.00 \$ 5,403.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 5,403.00 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. П Yes. Explain: Husband's income is YTD average including bonuses.

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| | | | | | | _ | | |
|---------|---|--|--|---|--|------------------------|---|---|
| Fill | in this informa | ation to identify y | our case: | | | | | |
| Deb | tor 1 | Brandon C. | White | | | Ch | eck if this is: An amended filing | |
| Deb | tor 2 | Katie A. Wh | ite | | | | _ | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | _ | 13 expenses as of | the following date: |
| Unit | ed States Bank | ruptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | orm 106J | | | | I | | |
| Sc | chedule | J: Your | Exper | ses | | | | 12/15 |
| Be info | as complete ormation. If n nber (if know t 1: Desc | and accurate as nore space is ne n). Answer eve ribe Your House | s possible. eded, atta ry question | If two married people a ch another sheet to this | | | | |
| 1. | Is this a joi | nt case? | | | | | | |
| | ☐ No. Go to | o line 2. | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separa | ate household? | | | | |
| | ■ N | | st file Offici | al Form 106J-2, <i>Expense</i> s | s for Separate House | ehold of De | btor 2. | |
| 2 | Do you have | ro donondonto? | п., | . , | • | | | |
| 2. | • | e dependents? | ☐ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relating Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | 10 | Yes |
| | | | | | | | | □ No |
| | | | | | Son | | 15 | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | expenses d | penses include of people other t d your depende | than 🗂 | No Yes | | | | Li Tes |
| Par | | nate Your Ongoi | | | | | | |
| exp | imate your e enses as of blicable date. | a date after the | our bankru bankruptc | uptcy filing date unless y y is filed. If this is a supp | ou are using this followed are using the design of the des | orm as a s J, check | supplement in a Cha the box at the top o | apter 13 case to report If the form and fill in the |
| the | value of suc | h assistance an | | government assistance is | | | | |
| (Off | ficial Form 10 | D6I.) | | | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 1,050.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | | erty, homeowner' | s, or renter | 's insurance | | 4a. 4b. | · | 0.00 |
| | | • | | ıpkeep expenses | | 4c. | | 110.00 |
| | | eowner's associa | | | | 4d. | · · | 0.00 |
| 5 | Additional | mortaaae navm | ante for ve | uir residence such as ho | mo oquity loons | 5 | \$ | 0.00 |

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| Debtor 1 Debtor 2 | | Brandon Katie A. | n C. White White | Case num | ber (if known) | |
|----------------------|---|---------------------|---|-----------------|----------------|-----------|
| 6. | Utiliti | ies: | | | | |
| | 6a. | Electricity, | , heat, natural gas | 6a. | \$ | 150.00 |
| | 6b. | Water, sev | wer, garbage collection | 6b. | \$ | 60.00 |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 525.00 |
| | 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 |
| 7. | Food | and hous | ekeeping supplies | 7. | \$ | 600.00 |
| 8. | Child | care and c | children's education costs | 8. | \$ | 100.00 |
| 9. | Cloth | ning, laund | ry, and dry cleaning | 9. | \$ | 75.00 |
| 10. | Perso | onal care p | products and services | 10. | \$ | 150.00 |
| 11. | Medi | cal and de | ntal expenses | 11. | \$ | 200.00 |
| 12. | Trans | sportation. | Include gas, maintenance, bus or train fare. | | | |
| | | | ar payments. | 12. | · | 350.00 |
| 13. | Enter | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 160.00 |
| 14. | Chari | itable cont | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insur | | | | | |
| | | | surance deducted from your pay or included in lines 4 or 20. | | • | |
| | | Life insura | | 15a. | | 0.00 |
| | | Health ins | | 15b. | · | 0.00 |
| | | Vehicle in: | | 15c. | · | 110.00 |
| | | | urance. Specify: | 15d. | \$ | 0.00 |
| | Speci | ify: | aclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | | ease payments: | 47- | c | 0.00 |
| | | | ents for Vehicle 1 | 17a. | · | 0.00 |
| | | | ents for Vehicle 2 | 17b. | · - | 0.00 |
| | | Other. Spe | | 17c. | | 0.00 |
| 4.0 | | Other. Spe | · | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I). | s 18. | \$ | 0.00 |
| 19. | | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Speci | | | 19. | | 0.00 |
| 20. | • | , | erty expenses not included in lines 4 or 5 of this form or on Scho | | our Income. | |
| | | | s on other property | 20a. | | 0.00 |
| | 20b. | Real estat | te taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, I | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | | 0.00 |
| | | | er's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | r: Specify: | Acceptance now - furniture lease | 21. | +\$ | 150.00 |
| | | | · · · · | | | |
| 22. | | • | monthly expenses | | | |
| | | | through 21. | | \$ | 3,790.00 |
| | 22b. (| Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. A | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 3,790.00 |
| 23 | Calcu | ulate vour | monthly net income. | | | |
| _0. | | - | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,403.00 |
| | | | r monthly expenses from line 22c above. | 23b. | | 3,790.00 |
| | 200. | Copy your | monthly expenses from the 220 above. | 200. | | 3,7 90.00 |
| | 23c. | | our monthly expenses from your monthly income. is your <i>monthly net income</i> . | 23c. | \$ | 1,613.00 |
| 24. | 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. | | | | | |
| | ☐ Ye | . 55. | Explain here: | | | |

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| Elli in this inform | | | | | |
|--|--|---|---------------------------------|--|--|
| FIII IN this infor | mation to identify your | case: | | | |
| Debtor 1 | Brandon C. White | | | | |
| Dalatano | | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Katie A. White | Middle Name | Last Name | | |
| (Opodoo II, IIIIIg) | riiotranio | Made Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF I | LLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| If two married po You must file thi obtaining mone | eople are filing togethe | r, both are equally responsibl ile bankruptcy schedules or a n connection with a bankrupt | | | |
| Sig | n Below | | | | |
| Did you pa | y or agree to pay some | eone who is NOT an attorney | to help you fill out bankruptcy | forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 | |
| | alty of perjury, I declare te true and correct. | that I have read the summary | and schedules filed with this | declaration and | |
| X /s/ Bra | ındon C. White | | X /s/ Katie A. White | | |
| Brande | on C. White | | Katie A. White | | |
| Signatu | re of Debtor 1 | | Signature of Debtor 2 | | |
| Date | lune 1 2017 | | Date June 1 2017 | | |

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| Fill | in this inforr | nation to identify your | rcase: | | | |
|--------------------|----------------------------|---|--|---|---|---|
| | otor 1 | Brandon C. Whit | | | | |
| | | First Name | Middle Name | Last Name | | |
| | otor 2 ouse if, filing) | Katie A. White First Name | Middle Name | Last Name | | |
| | | nkruptcy Court for the: | NORTHERN DISTRICT (| DE ILLINOIS | | |
| | | intraptoy Court for the. | TORTILITY DIGITAL OF C | | | |
| | se number nown) | | | | - | Check if this is an mended filing |
| | ficial Fo atement | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/16 |
| info nun | rmation. If m | ore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup additional pages, write you | |
| Pal | | | rital Status and Where You | Lived Before | | |
| 1. | wnat is you | r current marital statu | S? | | | |
| | ■ Married □ Not mai | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No □ Yes Ma | ske sure vou fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| | | · | , | molar i omi roomj. | | |
| Pai | t 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income you | u received from all jobs and a | g a business during this yeall businesses, including parte together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| | Yes. Fil | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$24,974.00 | ■ Wages, commissions, bonuses, tips | \$12,452.17 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| Deb | otor 2 Ka | atie A. Whit | 9 | e number (if known) | | | | |
|----------|--------------------------|--|---|--|---|--|--|---|
| | | | | - | | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc | | Gross income (before deductions and exclusions) |
| | last caler nuary 1 to | ndar year: December 3 | 1, 2016) | ■ Wages, commissions, bonuses, tips | \$58,475.55 | ■ Wages, combonuses, tips | nmissions, | \$28,000.00 |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year befo December 3 | | ■ Wages, commissions, bonuses, tips | \$58,475.55 | ■ Wages, combonuses, tips | nmissions, | \$24,000.00 |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | List each | , | e gross inco | e and you have income that | , | , | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Par | t 3: Lis | t Certain Pay | ments You | Made Before You Filed for | Bankruptcy | | | |
| . | Are eithe □ No. | Neither Delindividual pring the Samuel No. | otor 1 nor D rimarily for a 20 days befor Go to line 7. List below e paid that cre not include p adjustment Debtor 2 or 00 days befor Go to line 7. List below e include payr | ach creditor to whom you pa ditor. Do not include paymen payments to an attorney for to on 4/01/19 and every 3 year both have primarily consu- re you filed for bankruptcy, d | umer debts. Consumer dealed purpose." id you pay any creditor a to id a total of \$6,425* or more ints for domestic support oble his bankruptcy case. is after that for cases filed of umer debts. id you pay any creditor a to id a total of \$600 or more a | tal of \$6,425* or more paying ations, such as changed as a change of \$600 or more and the total amount | yments and the nild support a of adjustment. | ne total amount you nd alimony. Also, do |
| | Creditor | 's Name and | Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this p | payment for |
| | | | | | para | J J | | |

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| | otor 1 | Brandon C. White | Document F | age 33 01 31 | | | | |
|-----|---|---|---|--|--|-----------------------------------|--|--|
| Deb | otor 2 | Katie A. White | | Cas | se number (if known) | | | |
| 7. | Inside of whi | n 1 year before you filed for bankrupters include your relatives; any general pach you are an officer, director, person in ness you operate as a sole proprietor. 1 | artners; relatives of any gene n control, or owner of 20% or | eral partners; partners of their voting | erships of which you g securities; and an | u are a genera y managing aç | I partner; corporations gent, including one for | |
| | _ | No Yes. List all payments to an insider. | | | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | |
| | _ | No Yes. List all payments to an insider | | | | | | |
| | | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credit | this payment tor's name | |
| Par | rt 4: | Identify Legal Actions, Repossession | ns, and Foroclosures | • | | | | |
| rai | | | | | | | | |
| 9. | List all modifi | n 1 year before you filed for bankrupt I such matters, including personal injury cations, and contract disputes. | | | | | | |
| | _ | 10 | | | | | | |
| | Yes. Fill in the details. Case title | | Nature of the case | Court or agency | | Status of the case | | |
| | Case number | | | | | | | |
| | Rrca Accounts Management Inc. vs. Brandon C White et al. 2012SC01115 | | Contract | Lee County Circuit Clerk 309 South Galena Avenue, Suite 320 Dixon, IL 61021 | | ■ Pending □ On appeal □ Concluded | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | |
| | | No. Go to line 11. /es. Fill in the information below. | | | | | | |
| | Creditor Name and Address | | Describe the Property | | Date | | Value of the | |
| | | | Explain what happened | | | | property | |
| 11. | accou | n 90 days before you filed for bankru unts or refuse to make a payment bed No Yes. Fill in the details. | | uding a bank or fir | nancial institution | set off any a | mounts from your | |
| | Cred | itor Name and Address | Describe the action the | creditor took | Date a taken | action was | Amount | |
| 12. | court- | n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a No ⁄es | | rty in the possess | ion of an assigned | e for the bene | fit of creditors, a | |

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Brandon C. White

| Del | otor 2 | Katie A. White | | Case nu | umber (if known) | | | | | |
|-----|---|---|----------|---|--------------------------|------------------------|--|--|--|--|
| Par | t 5: | List Certain Gifts and Contribution | ne . | | | | | | | |
| rai | ι 5. | List Certain Girts and Contribution | 15 | | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No | | | | | | | | | |
| | | Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | | | Describe the gifts | Dates you gave the gifts | Value | | | | |
| | | son to Whom You Gave the Gift and ress: | l | | | | | | | |
| 14. | Withi | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? | | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details for each gift or contribution. | | | | | | | | | |
| | more Char | s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value | | | | |
| Par | t 6: | List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | | |
| | how the loss occurred | | Descri | be any insurance coverage for the loss | Date of your | Value of property lost | | | | |
| | | | | e the amount that insurance has paid. List pen nce claims on line 33 of Schedule A/B: Proper | | iost | | | | |
| | | | | ise diamine on this de di conteduit 772.7 Topor | .y. | | | | | |
| | | List Certain Payments or Transfer | | | _ | | | | | |
| 16. | cons | ulted about seeking bankruptcy or | preparii | id you or anyone else acting on your behaling a bankruptcy petition? s, or credit counseling agencies for services re | | rty to anyone you | | | | |
| | | No | | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | | |
| | Pers | son Who Was Paid | | Description and value of any property | Date payment | Amount of | | | | |
| | | ress | | transferred | or transfer was | payment | | | | |
| | Email or website address Person Who Made the Payment, if Not You | | You | | made | | | | | |
| | Springer Law Firm 2222 E State St, Suite 107 Rockford, IL 61104 | | | Legal Fees | 06/2017 | \$690.00 | | | | |
| | | otorCC | | Credit Counseling | 06/2017 | \$14.95 | | | | |
| | 378 Summit Ave Jersey City, NJ 07306 | | | | | | | | | |
| | Jers | sey City, NJ 07300 | | | | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | son Who Was Paid | | Description and value of any property | Date payment | Amount of | | | | |
| | | ress | | transferred | or transfer was made | payment | | | | |
| | | | | | | | | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

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| | tor 2 Katie A. White | | C | Case number (if known) | | | | | |
|------|---|--|--|--|---|--|--|--|--|
| | transferred in the ordinary course of your but Include both outright transfers and transfers m | | | ecurity interest or mortgage on your | r property). Do not | | | | |
| | include gifts and transfers that you have alread | | | seamy interest of mengage on year | proporty). Do not | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address | Description and property transfer | | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | | |
| | Person's relationship to you | | | | | | | | |
| | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and | Description and value of the property to | | Date Transfer was made | | | | |
| Pari | 8: List of Certain Financial Accounts, In | struments. Safe Deposi | t Boxes, and Stor | age Units | | | | | |
| | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | | |
| | | Land Aultonian of | T (| | Lasthalanas | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | t or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | |
| | Sterling Federal Bank PO Box 617 Sterling, IL 61081 | XXXX- ■ Checking □ Savings □ Money Mark □ Brokerage □ Other | | 07/2016 et | Unknown | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? | | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, S State and ZIP Code) | _ | escribe the contents | Do you still have it? | | | | |

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Debtor 1 Brandon C. White Debtor 2 Katie A. White

Case number (if known)

| Par | t 9: Ider | tify Property You Hold or Control for | Someone Else | | | | | | | |
|-----|---|--|--|--------------------------------------|--------------------|--|--|--|--|--|
| 23. | | you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust someone. | | | | | | | | |
| | ■ No | | | | | | | | | |
| | | Fill in the details. | When to the superior O | December the management | Walana | | | | | |
| | Owner's Address | Name (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | |
| Par | Part 10: Give Details About Environmental Information | | | | | | | | | |
| For | the purpos | e of Part 10, the following definitions | apply: | | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | | | |
| | | means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used own, operate, or utilize it, including disposal sites. | | | | | | | | |
| | | s <i>material</i> means anything an environ s material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | | | | |
| Rep | ort all notic | ces, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | | | |
| 24. | Has any g | overnmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environm | ental law? | | | | | |
| | ■ No □ Yes. | Fill in the details. | | | | | | | | |
| | Name of Address | Site (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | | | |
| | ■ No □ Yes. | Fill in the details. | | | | | | | | |
| | Name of Address | Site (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | | |
| | ■ No □ Yes. | Fill in the details. | | | | | | | | |
| | Case Title | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | Part 11: Give Details About Your Business or Connections to Any Business | | | | | | | | | |
| 27. | Within 4 y | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | |
| | ПΑ | partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | | |
| | ☐ Ar | owner of at least 5% of the voting or | r equity securities of a corporation | | | | | | | |

Case 17-81327 Doc 1 Filed 06/01/17 Entered 06/01/17 14:40:25 Page 37 of 51 Document Debtor 1 **Brandon C. White** Katie A. White Debtor 2 Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Business Name Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Brandon C. White
Brandon C. White
Brandon C. White
Signature of Debtor 1

Date June 1, 2017

Mate June 1, 2017

State A. White
Signature of Debtor 2

Date June 1, 2017

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

 \square Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7 : | Liquidation |
|---------|------------|--------------------|
| Ç | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| g | 335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-81327 Doc 1 Filed 06/01/17 Entered 06/01/17 14:40:25 Desc Main Document Page 42 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| т | Brandon C. White | | C. N | | | |
|----------|---|---|---|-------------------------------------|--|--|
| In r | Katie A. White | Debtor(s) | Case No. Chapter | 13 | | |
| | | Deotor(s) | Chapter | | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTORN | NEY FOR DE | EBTOR(S) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, or | agreed to be paid | to me, for services rendered or to | | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | | |
| | Prior to the filing of this statement I have received | | | 690.00 | | |
| | Balance Due | | \$ | 3,310.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person un | less they are members | bers and associates of my law firm. | | |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on how | tement of affairs and plan which m ors and confirmation hearing, and reduce to market value; exem ons as needed; preparation a | ay be required; any adjourned hear option planning; | rings thereof; | | |
| 6. | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis- any other adversary proceeding. | te does not include the following so schargeability actions, judicia | ervice: al lien avoidance | es, relief from stay actions or | | |
| | | CERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of an bankruptcy proceeding. | ny agreement or arrangement for pa | ayment to me for re | epresentation of the debtor(s) in | | |
| <u> </u> | June 1, 2017 | /s/ Daniel A. Spring | er | | | |
| _ | Date | Daniel A. Springer Signature of Attorney Springer Law Firm 2222 E State St Suite 107 Rockford, IL 61104 815.312.4725 | | | | |
| | | dspringerlaw@gma Name of law firm | III.com | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

| F. | ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES | | | | |
|---|--|--|--|--|--|
| 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | |
| | In addition, the debtor will pay the filing fee in the case and other expenses of \$\frac{310.00}{}. | | | | |
| 3. Before | e signing this agreement, the attorney received \$ 690.00 | | | | |
| towar | d the flat fee, leaving a balance due of \$ 3310.00; and \$ 310.00 for expenses, | | | | |
| leavin | ng a balance due of \$0 | | | | |
| 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object. | | | | | |
| Date: | 6/1/17 | | | | |
| Signed. | 1:1:1:1 | | | | |
| Debtor(s | Attorney for the Debtor(s) | | | | |
| • | gn this agreement if the amounts are blank. | | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Brandon C. White Katie A. White | | Case No. | | | |
|---|------------------------------------|---|---------------------------|----|--|--|
| | | Debtor(s) | Chapter | 13 | | |
| | | | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | Number of Creditors: | | 19 | | | |
| The above-named Debtor(s) hereby verifies that the list of creditors (our) knowledge. | | ors is true and | correct to the best of my | | | |
| Date: | June 1, 2017 | /s/ Brandon C. White | | | | |
| | | Brandon C. White Signature of Debtor | | | | |
| Date: | June 1, 2017 | /s/ Katie A. White Katie A. White Signature of Debtor | | | | |

Acceptance Now Attn: Bankruptcy Dept. 5501 Headquarters Dr. Plano, TX 75024

Caseys General Stores One SE Convenience Boulevard Ankeny, IA 50021

Codilis & Associates 15W030 N. Frontage Road 16CH0080 Burr Ridge, IL 60527

DirectTV Attn: Bankruptcy Dept. PO Box 9001069 Louisville, KY 40290-1069

Enhanced Recovery Company Attn: Bankruptcy Dept. PO Box 57547 Jacksonville, FL 32241

Kishwaukee Auto Corral 3336 Kishwaukee St. Rockford, IL 61109

Lee County Circuit Clerk 309 South Galena Avenue, Suite 320 2012SC1115 Dixon, IL 61021

Michael Mellott 201 E 3rd Street Sterling, IL 61081

Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235

Mutual Management Svcs Co, LLC Attn: Bankruptcy Dept PO Box 8740 Rockford, IL 61126

Nicor Gas P.O. Box 549 Aurora, IL 60507

Rockford Merchantile AGY PO Box 5847 Rockford, IL 61125

RRCA Account Management Attn: Bankruptcy Dept. 201 East 3rd Street Sterling, IL 61081

Rushmore Loan Management 15480 Laguna Canyon Road Suite 100 Irvine, CA 92618

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

Swedish American Hospital PO Box 4448 Rockford, IL 61110-0948

US Bank Home Mortgage Attn: Bankruptcy Dept. 4801 Frederica St. Owensboro, KY 42301

Wells Fargo Home Mortgage Attn: Bankruptcy Dept. PO Box 10335 Des Moines, IA 50306

Winnebago Animal Clinic 2053 N Winnebago Road Belvidere, IL 61008